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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CON of 09/133,136 08/12/1998 *yes*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 10/28/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Huang</i>	Initials <i>UPH</i>		

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TITLE  
 TISSUE DISSECTOR APPARATUS AND METHOD

FILING FEE  RECEIVED 1916	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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